

TOWN OF

DARIEN, CONNECTICUT

EMERGENCY OPERATIONS PLAN

ANNEX "G"

HEALTH AND MEDICAL

Submitted By:

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Date

Approved By:

John W. Jordan, Director
Darien Emergency Management

Date

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DARIEN HEALTH AND MEDICAL ANNEX

I. PURPOSE

The purpose of this Annex is to maximize the survival of people, prevent and/or minimize injuries, preserve property and resources; and protect public health in the Town of Darien, or relocation (congregate care) area by making use of all available manpower, equipment, and other resources in the event of natural or human caused disasters affecting the town.

In the event of an emergency or disaster, the Health and Medical Coordinator shall:

1. Provide direction and guidance to officials and the general public in the areas of health, sanitation and housing.
2. Assist in the protection of public and private water supplies; direct the proper disposal of sewage, solid waste and refuse.
3. Maintain the sanitation and safety of all food supplies, including milk.
4. Supervise the sanitary and health conditions of reception center(s) and mass care facilities, congregate care facilities, and medical care centers for essential workers remaining in a hazard area after the evacuation of the general population. Also assist in the transportation and care of individuals from the disaster site(s) to medical facilities.
5. Control communicable disease vectors; i.e. insects, rodents, etc. in consultation with the State Department of Health Services. Alert and inform the First Selectman and Emergency Management Director concerning serious environmental health hazards.
6. Coordinates with veterinarians and animal hospitals to arrange for services for animals as needed. These might include service, companion, or farm animals, wildlife, etc.
7. Coordinates with the Environmental Health Officer on the location, collection, and disposal of dead animals.

II. SITUATION AND ASSUMPTIONS

Situation

1. Darien is vulnerable to many types of disasters including: power failure, flood/flash flood, winter storm, coastal storm, hurricane/tropical storm, air accident, rail accident, tornado, and in transit hazardous materials incident/accident. Thunderstorms, which might produce dangerous winds and tornadoes, might appear with little advance warning.

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2. Public health services in the community are provided by a local Health Department and VNA Care (Visiting Nurse Association), Inc. located in Stamford, CT.

3. Public health services in the community are provided by:

The Darien Health Department
2 Renshaw Road
Darien, CT 06820 (203) 656-7320

4. Hospital services are provided by:

Norwalk Hospital	Stamford Hospital
Maple Street	Shelburne Road
Norwalk, CT	Stamford, CT
(203) 852-2000	(203) 325-7000

Assumptions

1. A large-scale emergency or disaster event will cause sufficient casualties and/or fatalities to overwhelm local medical, health, and mortuary services capabilities, and will require maximum coordination and efficient use of their resources.
2. Public and private medical, health, and mortuary services resources located in the town will be available for use during disaster situations.
3. Large-scale emergencies and disaster threat situations (hurricane, dam failure, flood, etc.) may affect large areas of the town, the state, or other states requiring the use of mutual aid.
4. Public and private health and medical resources located in the town generally will be available for use during disaster situations, but many of these resources, including human resources, will themselves be impacted by the disaster.
5. Emergency measures to protect life and health during the first 12 to 24 hours after the disaster in all likelihood will be exclusively dependent upon local and area resources.
6. Resources available through area and regional medical, health, and mortuary services mutual aid agreements will be provided for use during the disaster situation.
7. It may be necessary to relocate hospital (nursing home) facilities under austere conditions to a contingency field hospital, or to permanent or temporary buildings that will provide patients and medical staff adequate protection from the effects of the disaster.

8. Volunteers will come forward to help perform essential tasks; their efforts must be anticipated and coordinated.

III. CONCEPT OF OPERATIONS

General:

The Health Director, or the person legally administering the office, will exercise complete authority over all Health Department operations in the town in accordance with mission assignments contained in the Emergency Operations Plan and its Annexes. As the emergency situation requires, the Director may make such other assignments of command and control as necessary.

The Health Director or designee shall coordinate all department personnel and activities, and will assign operational personnel as required by the emergency. Further, the Director shall coordinate all health related measures within the community in accordance with operational procedures as mandated by the First Selectman.

In the event of a major emergency or disaster, the Health Department will conduct operations under the provisions of the town's Emergency Operations Plan, this Annex and the department's Standard Operating Procedures (SOP).

In carrying out the Health and Medical Department's responsibilities several operational concepts must be considered. They should include:

Pre-Disaster Period;

1. The Health Director, upon being notified of this phase, will call together such supervisors as necessary for the purpose of briefing.
2. Responsibilities outlined in the Emergency Operations Plan and in this Annex shall be reviewed by all personnel involved following the briefing.
3. The Director shall order that all department vehicles filled with gas and oil, flashlights, as well as batteries, all inventoried and checked for proper function.
4. The Director and/or designated personnel shall proceed to the Emergency Operations Center if so ordered by the First Selectman and/or Emergency Management Director.
5. Departmental Standard Operating Procedures, needs for materials, supplies and necessary forms shall be reviewed. Nursing Homes and other special health care facilities will be notified, and advised to review their protective action guides and self support capabilities such as emergency electric power generators and stored drinking water.

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6. Procedures for crisis augmentation of health/medical personnel, and the identification of health care facilities that could be expanded into emergency treatment centers shall be reviewed.
7. In an emergency of a local nature, other surrounding communities with which mutual aid agreements exist will be alerted.

The Disaster Period;

1. If an emergency or disaster situation develops so as to preclude the Pre-Disaster Period, on duty personnel shall be briefed on the situation, and "fan out" procedures activated.
2. All procedures as outlined under the Pre-Disaster Period shall be instituted when so ordered by the First Selectman.
3. Provide direct services to affected area(s) in accordance with departmental Standard Operating Procedures (SOP) and mission assignments outlined in the Emergency Operations Plan.
4. Emergency operations shall be conducted in the most efficient and expeditious manner possible using all available manpower, equipment and other resources.

The Post-Disaster Period;

1. Immediately following an emergency, actions shall be directed to restore, to the extent feasible, normal operating conditions.
2. Provide further coordination and follow up as necessary. Review priorities and conduct new assessment of the status of the emergency. Conduct ongoing sampling and monitoring of environmental parameters to ensure continued levels of sanitation.
3. Mission assignment emphasis and personnel requirements will gradually revert to normal. Evaluate mission response, and make necessary changes in this Annex to improve future response activities.

Procedures specific to the Health and Medical Organization would also include:

1. The establishment of a medical command post at the disaster site(s).
2. Coordinating health and medical response team efforts.
3. Triage of the injured, if appropriate.
4. Medical care and transport for the injured.

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5. Identification, transportation, and disposition of the deceased.
6. Holding and treatment areas for the injured.
7. Isolating, decontaminating, and treating victims of hazardous chemical or infectious diseases, as needed.
8. Identifying hazardous chemicals or infectious diseases, controlling their spread, and reporting their presence to appropriate state and federal health or environmental authorities.
9. Issuing health and medical advisories to the public on such matters as emergency water supplies, waste disposal, mass feeding services, vectors, immunizations, disinfection, and others.

Inter-Jurisdictional Relationships

When the Health Department personnel are operationally engaged in the town itself, both operational control and direction of emergency forces are retained. When operating on a mutual aid basis in another community, operational control is then exercised by the authority at the scene of operations, but direction is retained by town authority. Conversely, personnel sent to aid the town come under the control of town authority, but remain under the direction of the parent agency.

IV. **ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES**

The **FIRST SELECTMAN** will require the Health and Medical Coordinator to send a representative to the EOC when notified of an emergency situation.

The **HEALTH AND MEDICAL COORDINATOR** will:

1. Report to the EOC or other designated location as deemed appropriate; or will send a representative to the EOC if unable to report in person.
2. Rapidly assess health and medical needs.
3. Oversee and coordinate the activated health and medical organizations to assess their needs, help them obtain resources, and ensure that necessary services are provided.
4. Ensure that emergency medical teams responding to a disaster site establishes a medical command post.

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5. Coordinate with neighboring community health and medical organizations and with state and federal officials on matters related to assistance from other jurisdictions, including Federal assistance.
6. Screen and coordinate with incoming groups such as Disaster Medical Assistance Teams (DMAT) as well as individual health and medical volunteers; ensuring that positive identification and proof of licensure is made for all volunteers.
7. Maintain a patient/casualty tracking system.
8. Coordinate the location, procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.
9. Provide information through the PIO to the news media on the number of injuries, deaths, etc.
10. Ensure appropriate health and medical services information is made available to the information processing section in the EOC.
11. Coordinate support to the town's efforts to respond to inquiries from family members concerned about loved ones.

The **EMERGENCY MEDICAL SERVICES (EMS)** will:

1. Respond to the disaster scene with emergency medical personnel and equipment.
2. Upon arrival at the scene, assume an appropriate role in the ICS. If the ICS has not been established, initiate in accordance with the town's emergency management system and report implementation to the EOC.
3. Triage, stabilize, treat, and transport the injured. Coordinate with regional hospitals to ensure casualties are transported to the appropriate facilities.
4. Establish and maintain field communications and coordination with other responding emergency teams (medical, fire, police, public works, etc.), and radio or telephone communications with hospitals, as appropriate.
5. Direct the activities of private, volunteer, and other emergency medical units, and of bystander volunteers as needed.
6. Evacuate patients from affected nursing homes if necessary.

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Area **HOSPITALS** will:

1. Implement internal and/or external hospital disaster plan.
2. Advise the Health and Medical Coordinator or appropriate representative in the EOC of conditions of the hospital and number and type of available beds.
3. Establish and maintain field and interhospital medical communications.
4. Provide medical guidance as needed to Emergency Medical Services.
5. Coordinate with EMS, other hospitals, and any medical response personnel at the scene to ensure that casualties are transported to the appropriate medical facility. Distribute patients to and among hospitals both inside and outside the area based on severity and types of injuries, time and mode of transport, capability to treat, and bed capacity. Take into account special designations such as trauma centers and burn centers. Consider the use of clinics to treat less than acute illnesses and injuries.
6. Coordinate with local emergency responders to isolate and decontaminate incoming patients, if needed, to avoid the spread of chemical or bacterial agents to other patients and staff.
7. Coordinate with other hospitals and with EMS on the evacuation of patients from affected hospitals, if necessary. Evacuation provisions should specify where the patients are to be taken.
8. Depending on the situation, deploy medical personnel, supplies, and equipment to the disaster site(s) or retain them at the hospital for incoming patients.
9. Establish and staff a reception and support center at each hospital for the relatives and friends of disaster victims who may converge there in search of their loved ones.
10. Provide patient identification information to the American Red Cross upon request.

The **PUBLIC HEALTH OFFICER** will:

1. Coordinate all public health services in the town.
2. Inspect for purity and usability all foodstuffs, water, drugs, and other consumables that were exposed to the hazard.

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3. Provide epidemiological surveillance, case investigating, and follow up.
4. Provide laboratory services for identification required to support emergency health and medical services.
5. Coordinate operations for immunizations or quarantine procedures, if required.
6. Establish preventive health services, including the control of communicable diseases such as influenza, particularly in shelters.
7. Monitor food handling and mass feeding sanitation service in emergency facilities, including increased attention to sanitation in commercial feeding and facilities that are used to feed disaster victims.

The **ENVIRONMENTAL HEALTH OFFICER** will:

1. Provide for the monitoring and evaluation of environmental health risks or hazards as needed and ensures the appropriate actions are taken to protect the health and safety of disaster victims, responders and the general public.
2. Implement actions to prevent or control vectors such as flies, mosquitoes, and rodents.
3. Detect and inspect sources of contamination.
4. Inspect damaged buildings for health hazards.
5. Coordinate with the water, public works, or sanitation departments to ensure the availability of potable water, an effective sewage system, and sanitary garbage disposal.
6. Coordinate with the Animal Care and Control Agency to dispose of dead animals.
7. Ensure that adequate sanitary facilities are provided in emergency shelters and for response personnel.

The **MENTAL HEALTH AGENCIES** will:

1. Ensure that appropriate mental health services are available for disaster victims, survivors, bystanders, responders and their families, and other community care givers during the Disaster and Post-Disaster Periods. Services may include crisis counseling, critical incident stress debriefings, information and referral to other resources, and education about normal, predictable reactions to a disaster experience and how to cope with them.

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2. An agency should have the capacity to provide specialized assistance for those affected by a traumatic event or who become traumatized by cumulative stress related to the disaster experience.
3. Provide outreach to identify and serve those in need of mental health support.
 - Coordinate with the PIO to arrange for dissemination of information to the public.
 - Coordinate with the Mass Care Coordinator to identify shelter occupants that may require assistance.
4. Have inpatient psychiatric facilities, if applicable, take the following actions.
 - Implement the facility's appropriate disaster plan.
 - Provide for the care, safety, and continued treatment of hospital residents.
 - Coordinate with appropriate authorities for the safe evacuation of residents.
 - Provide resources and support to the community based mental health system in responding to the disaster mental health needs of impacted communities.

The **MORTUARY SERVICES** will:

1. Provide for the collection, identification, and care of human remains, determining the cause of death (in conjunction with the State Medical Examiner's Office) inventorying and protecting deceased's personal effects, and locating and notifying the next of kin.
2. Establish temporary morgue sites.
3. Establish and maintain a comprehensive record keeping system for continuous updating and recording of fatality numbers.
4. Coordinate with:
 - Search and rescue teams, hospitals, EMS, and other emergency responders.
 - Funeral directors, morticians, and assets for transportation of deceased persons.
 - Other pathologists

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- The ARC for location and notification of relatives.
- Dentists and x-ray technicians for purposes of identification.
- Law enforcement agencies for security, property protection, and evidence collection.

The **AMERICAN RED CROSS** will:

1. Provide food for emergency medical workers, volunteers, and patients, if requested.
2. Maintain a Disaster Welfare Information (DWI) system in coordination with hospitals, aid stations, and field triage units to collect, receive, and report information about the status of victims.
3. Assist in the notification of the next of kin of the injured and deceased.
4. Assist with the reunification of the injured with their families.
5. Provide blood, blood substitutes, and blood byproducts, and/or implementing reciprocal agreements for replacement of blood items.
6. Provide first aid and other related medical support at temporary treatment centers, as requested, and within capability.
7. Provide supplementary medical, nursing aid, and other health services upon request, and within capability.
8. Provide assistance for the special needs of the handicapped, elderly, and those children separated from their parents, within capability.

The **SOCIAL SERVICES AGENCIES** will assist in providing for the special needs of the handicapped, elderly, and children separated from their parents; also provide for the special needs of orphaned children.

The **ANIMAL CARE AND CONTROL AGENCY** will:

1. Coordinate with veterinarians and animal hospitals to arrange for services for animals as needed. These might include service, companion, or farm animals, wildlife, etc.
2. Coordinate with the Environmental Health Officer on the location, collection, and disposal of dead animals.

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The **POLICE DEPARTMENT** will:

1. Maintain emergency health services at juvenile and adult detention facilities, if appropriate.
2. Assist Mortuary Services in the identification of fatalities.
3. Provide security assistance to medical facilities and to health and medical field personnel upon request.

The **MILITARY DEPARTMENT** will provide personnel and equipment to support medical operations during disaster situations (at the direction of the Governor).

ALL TASKED ORGANIZATIONS will:

1. Adhere to all professional and legal standards in the performance of duties.
2. Provide ongoing status reports to the Health and Medical Coordinator, including number of deaths, injuries, etc.
3. Provide and/or receive mutual aid in coordination with the Health and Medical Coordinator.
4. Provide information to the Health and Medical Coordinator for dissemination of public advisories as needed.
5. As needed, coordinate with other emergency health and medical services such as fire, police, and public works; and with the Health and Medical Coordinator.
6. Refer all media requests for information to the Health and Medical Coordinator.
7. Maintain updated resource inventories of emergency medical supplies, equipment, and personnel resources, including possible sources of replacement.
8. Arrange for security to protect vulnerable work sites such as remote aid stations, temporary morgues, etc.
9. Develop plans to evacuate and/or shelter, as appropriate, patients, staff, equipment, supplies, and vehicles before, during, and after disasters.

10. Prepare detailed SOP's that include: call down rosters for notifying personnel; step-by-step procedures for performing assigned tasks; telephone numbers and addresses or locations of similar services in other jurisdictions; area and local stores (grocery and drug), and medical warehouses that will provide pharmaceutical and medical supplies; telephone numbers, addresses, type, quantity, location, and procedures for obtaining transportation resources from federal, state, local, and private organizations; and a listing of the radio communications call signs and frequencies that each responding organization uses.
11. Designate staff to perform disaster duties.

V. ADMINISTRATION AND LOGISTICS

Administration:

The Director of Health, or the person legally administering this office, is responsible for carrying out the missions assigned to the Health Department by the town's Emergency Operations Plan.

The current administrative structure will be maintained, except as may be noted in the department's Standard Operating Procedures (SOP).

The Director of Health will assume full responsibility for the performance of the department's emergency functions and shall supervise the assigned personnel in implementing its mission.

Medical Response Teams;

- Primary medical response is provided by the Darien Health Department, and VNA Care, Inc.
- There are a substantial number of doctors and nurses living in the town, but most have hospital responsibilities and would not necessarily be available except in a local disaster situation. The Health Department consists of a Director of Health, an Assistant Director of Health, 2 Sanitarians and a Secretary employed by the town.
- It is the responsibility of the Health Director, acting through the First Selectman, to request mutual aid support from neighboring jurisdictions, State sources, and through the State for Federal sources of support.

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Augmentation Personnel; personnel who may be called upon in an emergency include:

- Local emergency medical services personnel from medical and public health agencies and fire, police, public works, and other emergency services departments. Among these would be general physicians, specialists, (qualifications should include hospital experience in trauma/ disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews (EMT's), etc.
- State employed general physicians, specialists (qualifications should include hospital experience in trauma/disaster medicine), nurses, laboratory and x-ray technicians, emergency ambulance crews (EMT's), etc.
- Medical school residents and teaching staff from throughout the State.
- Public Health Service (to include federally sponsored DMATs and Veterinary Medical Assistance Teams).
- Other volunteer medical personnel from throughout the State.
- Armed Forces and the U.S. Coast Guard.
- The Indian Health Service.
- Department of Veterans Affairs personnel.
- Volunteer medical personnel from other states.
- Business and industry medical departments.

Logistics:

Sources of medical supplies and equipment;

- Local stores (nursing home, pharmacies, emergency vehicles, local government resources, etc.). As appropriate, arrange for pharmacies to stay open 24 hours a day during specific periods for victims, evacuees, and responders.
- Mutual aid from jurisdictions not affected by the disaster.
- Private sector suppliers in the state.

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- Private sector health care organizations that maintain a supply system for medical supplies and equipment.
- National Disaster Medical System (Includes U.S. Department of Defense, Department of Health and Human Services, Department of Veterans Affairs, and FEMA). Note: local jurisdictions should work through the State Office of Emergency Management and FEMA to obtain resources under the control of the federal government.

Acquisition of medical/health equipment and supplies including:

- Initial supply and re-supply for field medical operations.
- Initial supply and re-supply for health and mortuary services.
- Re-supply of functioning hospitals in the affected areas.
- Re-supply of hospitals and other facilities outside the disaster areas receiving casualties.

Transportation of medical/health supplies, personnel, and equipment:

- Local government-owned and commercial fixed-wing aircraft, trucks and buses.
- Armed Forces fixed-wing aircraft, helicopters, and trucks.
- Private and public ambulance companies.
- Water transport.
- Limousine and taxi companies.
- Mortuaries (for hearses).
- Four-wheel drive and high-centered vehicles for medical evacuations under bad weather or terrain conditions.

Shelter and feeding of field, health, and medical personnel and patients.

Identification and selection of suitable facilities to serve as temporary morgues.

Acquisition of embalming supplies, body bags, and necessary heavy equipment suitable for dealing with mass fatality situations.

VI. PLAN DEVELOPMENT AND MAINTENANCE

A. Record Keeping

The Darien Health Department will keep accurate records and logs of all actions taken during disaster emergencies of any kind. All funds expended and materials or supplies obtained by purchase or otherwise, must be accounted for by receipts and written records in detail.

B. Annex Review and Update

This Annex shall be updated as changes occur throughout the year. All changes shall be reviewed by the Health Director (Health and Medical Coordinator) and shall be forwarded to the Emergency Management Director as they occur. At a minimum this Annex will be reviewed and updated every four (4) years.

The Emergency Management Director shall decide whether or not an updated portion should be reproduced and sent to all holders prior to the completion of the four year review cycle.

VII. AUTHORITY AND REFERENCES

Authority for this Annex is contained in the Darien Emergency Operations Plan (EOP); and Title 28, Chapter 517 of the Connecticut General Statutes as amended.

It is intended that this Annex conform to the terms and conditions of Title 28, Chapter 517 of the Connecticut General Statutes as amended, the town's Emergency Operations Plan, the State of Connecticut Emergency Operations Plan, such Federal Acts and Regulations as may be applicable and any local Civil Preparedness (Emergency Management) Ordinances.

Additional reference should be made to the Federal Response Plan (P.L. 93-288, as amended) Emergency Support Function # 8; and to FEMA's Guide for All-Hazard Emergency Operations Planning (SLG 101).

This Annex will become effective upon the approval of the Emergency Management Director and the Health and Medical Coordinator. When approved, this Annex will supersede any and all previously written and approved Public Health Annexes.

Attachment 1

ALL TASKED ORGANIZATIONS

“All tasked organizations” include all other government or private sector organizations that have been assigned tasking in the Emergency Operations Plan to perform response functions.

1. Maintain current internal personnel notification rosters and SOP's to perform assigned tasks.
2. Negotiate, coordinate and prepare mutual aid agreements, as appropriate.
3. Analyze needs and determine specific communications resource requirements.
4. Work with EOC communications coordinator to ensure equipment and procedures are compatible.
5. Identify potential sources of additional equipment and supplies.
6. Provide for continuity of operations.
 - Ensure that lines of succession for key management positions are established to ensure continuous leadership and authority for emergency actions and decisions in emergency conditions.
 - Protect records, facilities, and organizational equipment deemed essential for sustaining government functions and conducting emergency operations.
 - Ensure, if practical, that alternate operating locations are available should the primary location suffer damage, become inaccessible, or require evacuation. Alternative operating locations provide a means to continue organizational functions during emergency conditions.
 - Protect emergency response staff. This includes actions to:
 - ◇ Obtain, as appropriate, all necessary protective respiratory devices and clothing, detection and decontamination equipment, and antidotes for personnel assigned to perform tasks during response operations.

Attachment 1, Con't.

ALL TASKED ORGANIZATIONS

- ◇ Ensure assigned personnel are trained on the use of protective gear, detection and decontamination devices, and antidotes.
- ◇ Provide security at facilities.
- ◇ Rotate staff or schedule time off to prevent burnout.
- ◇ Make stress counseling available.
- Ensure the functioning of communications and other essential equipment. This includes actions to:
 - ◇ Test, maintain, and repair communications and warning equipment.
 - ◇ Stockpile supplies and repair equipment.